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Account Name : UNITED AGENT GROUP INC.

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: (561)508-5033

Fax Number : (561)694-1639

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REGISTERED AGENT CHANGE LAND 'N' SEA DISTRIBUTING, INC.

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of char in order	ge is submitted for a corporation org to change its registered office or regi	502, 607.1508, or 617.1508, Florida State anized under the laws of the State of $\frac{\text{Flo}}{\text{Elor}}$ istered agent, or both, in the State of Flor	
1. The name of th	LAND 'N' SEA DISTR	IBUTING, INC.	
2. The principal of	office address: 3131 N. ANDREWS A	VENUE EXTENSION	
POMPANO BEA	ксн. FL 33064		
3. The mailing ac	ldress (if different): 26125 N. Riverw	oods Blvd., Suite 500, Mettaw2, IL 60045	
4. Date of incorp	oration/qualification: 04/08/1975	Document number: 472973	
5. The name and	street address of the current registere ment of State: (If resigned, enter resigned,	d agent and registered office on file with gned)	the
	C T CORPORATION SYSTEM		
	1200 SOUTH PINE ISLAND ROAD		
	PLANTATION, FL 33324		
6. The name and (if changed):	street address of the new registered a	agent (if changed) and /or registered offic	e .
	801 US Highway 1		. 1
	P.O. Box NOT acceptable		
	North Palm Beach, FL 33408		
The street address changed will	ess of its registered office and the str be identical.	eet address of the business office of its	registered agent,
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.			
		Danielle Gossman - Attorney-in-Pac	
_	te of an officer of officer	Printed or typed name and tille	
of my duties, ar	the appointment as registered agen to comply with the provisions of all ad I am familiar with and accept the ing filed merely to reflect a change i s been notified in writing of this char	obligation of my position as registered n the registered office address, I hereby	lete performance agent. Or, if this confirm that the
		May 14, 2021	
Sig	mather of Registered Agent	Date	
If signing on bo	chalf of an entity:		
Danielle Gossm	an, Special Secretary		
	yped or Printed Name		

* * * FILING FEE: \$35.00 * * *

Make Checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
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